

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="margin: 0;">for FY 2007</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <p style="transform: rotate(-45deg); font-weight: bold;">COPY</p> <p style="transform: rotate(45deg); font-weight: bold;">COPY</p> </div> <p style="margin: 0; text-align: center;">JAN 26 2007</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 950.00		Application Number 09/869,389	
		Filing Date June 28, 2001	
		First Named Inventor Claude Chapel	
		Examiner Name Helen Shibu	
		Art Unit 2621	
		Attorney Docket No. PF980093	

METHOD OF PAYMENT (check all that apply)		CUSTOMER NUMBER: 24498	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 07-0832		Deposit Account Name: THOMSON LICENSING LLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Small Entity	
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims						Multiple Dependent Claims	
_____ - 20 or HP = _____ x _____ = _____						Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.						_____	_____
Independent Claims						Multiple Dependent Claims	
_____ - 3 or HP = _____ x _____ = _____						Fee (\$)	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.						_____	_____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): NOTICE OF APPEAL - \$500.00						_____	
TWO MONTH EXTENSION - \$450.00						\$950.00	

SUBMITTED BY					
Name (Print/Type)	GUY H. ERIKSEN	Registration No. (Attorney/Agent)	41,736	Telephone	(609) 734-6807
Signature					January 24, 2007